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	Form a	of California—Health and Welfare Agency Approved OMB No. 2050—0039 (Expires 9-30-88) Print or type. (Form designed for use on elite (12-pitch typewriter).	1/88	Ship	per	14941 _T	Depar oxic Sub	tment of Hantill Service estances Control Division Secrements, Collice		
	A	UNIFORM HAZARDOUS VASTE MANIFEST C A X 0 0 0 0 36483 Occument No. Generator's Name and Mailing Address			2: Page 1 Information in the altered areas is not required by Federal law.					
	NSIO EAST OFFICE	Para Plate 15910 Shoemaker, Cerritos, CA 90701			B. State Generator's ED					
7550	Name of the last	4. Generator's Phone (213 404-3434 5. Transporter 1 Company Name 6. US EPA ID Number Omega Recovery Services (C, A, D, 042, 245, 001,				C. State Transporter's ID D. Transporter's Phone 213,7698=0991				
1-800-852-7550	A Company of the Company	7. Transporter 2 Company Name 8. US EPA ID Number			E. State Transporter's ID F. Transporter's Phone					
CALL 1-	No. of Contrast of	9. Designated Facility Name and Site Address Omega Recovery Strvices 12504 E. Whittier Blvd. Whittier, CA 90602			G. State Facility's ID C A D 0 4 2 2 4 5 0 0 1 H. Facility's Phone					
CENTER 1-800-424-8802; WITHIN CALIFORNIA					213/698-0991					
		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and		No.	Туре	Quantity	Unit Wt/Vo	WAS 14 OC 150 (12 Wester, 120) 1000 110		
	GEN	a Waste ORM-A NOS NA 1693 O (Flexosolvent)	RM-A	00\$	DM	LIJP	G	State 2.1.1 EPA/Other		
	E R A T	b						State EPA/Other		
	O R	с.		LL				State EPA/Other		
	NACIONAL DESCRIPTION OF THE PERSON OF THE PE	d.				1111		State		
RESPONSE C	to have a second a second	J. Additional Descriptions for Materials Listed Above		11	K. Hand	fling Codes for W	astes Li b.	EPA/Other sted Above		
		Perchlorothylone V-Buth Alcohol		W. 4	c.	81	d.	The second of th		
NATIONAL	AND PARTY OF THE P	15. Special Handling Instructions and Additional Information								
LL THE	E CONTRACTOR DE	1				accessis and Albertain Commission (Albertain) while the Principal				
SPILL, CALL	GESTHECKERS	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents name and are classified, packed, marked, and labeled, and are in international and national government regulations.								
R	THE STREET, ST	If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.								
EMERGENCY		ALBERT KOIKE	gnature AU	w	5	Colley		Month Day Year		
OF AN EA	T R A N S P	17. Transporter 1 Acknowledgement of Receipt of Materials Printed Typed Name FROM Hale R	gnature f	Vit	tw	e)		Month Day Year		
CASE	O R T E	18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Sign	gnature					Month Day Year		
2	<u>R</u>		·		*************					

Printed/Typed Name ALBERT KOIKE	Signature Albert Joller	Month Day	18 8						
17. Transporter 1 Acknowledgement of Receipt of Materials	0 1								
Printed-Typed Name	Signature / AA AH	Month Day	Year						
read Havel	-to ed Viller	1/12/	1818						
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name	Signature	Month Day	Year						
19. Discrepancy Indication Space									
			AND THE RESERVE SECTION						
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name	Signature /)	Month Day	Year						
ERMAIL FORD	Tours For	10/1/2/2	1818						

DHS 8022 A (1/87)

EPA 8700—22 (Rev. 9-86) Previous editions are obsolete.

FURD

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To: P.O. Box 3000, Sacramento, CA 95812

INSTRUCTIONS ON THE BACK